

William H and Mary L Boyd Foundation Incorporated

"Scholarship Award Application for the Academic Year(s) 2026 and 2027"

Foundation Website: williamandmaryboyd.com

1) Personal Information: complete even if you sent an application in another year.

1a - First Name _____, **Last Name** _____ **Middle** _____

1b - Social Security Number _____

1c - Date of Birth: Month _____, Day _____, Year (four digits) _____

2) Mailing Address:

2a - Street _____

2b - City _____ **State** _____ **Zip Code** _____ - _____

2c - Cell Phone (____) ____ - ____ **Home Phone** (____) ____ - ____

2d - Email Address: _____

3) Church Affiliation:

3a - Church Name: _____

3b - Pastor Name: _____

3c - Church Street Address: _____

3d - City: _____, **State:** _____, **zip code:** _____ - _____

4) University/College or Trade Organization You Will Be Attending/Studying

4a - Start date: Month _____ **Year - Through Year** _____

4b – Organization/University /College/Trade School Name:

4c - Street Address : _____

4d- City: _____, **State:** _____, **Zip Code:** _____ - _____

4e - Housing – On Campus: YES _____ NO _____; **Off Campus:** Yes _____ N _____

4f - check please - First-year Sophomore Junior Senior Masters Other

5) Please update or signup for “CASH APP” to receive your award. –This is the method UTILIZED to receive your award!

Note: You will receive your award in monthly amounts via “CASH APP” sent to you. (Note: you can supply the institution address after you are enrolled in school during January 2027). If you are taking home courses be sure it is stated on the application.

6) Emergency Contact information

6a - Name: _____

6b - Address: _____

6c - City: _____ State: _____ Zip _____

6d - Phone (cell): _____ Other _____

7) It is okay to add Extra Sheet(s) if needed for your Scholarship Application for Year 2026 and 2027

8) How did you find out about this Scholarship?

Name: _____ Other: _____

9) Your Signature and Date :

Print Student Name: _____ Date _____

Student Signature: _____ Date _____

Foundation Review

Foundation Reviewer Name: _____ Date _____

Foundation Reviewer Signature: _____ Date _____